

BEST AVAILABLE COPY

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | SERIAL NO. | FILING DATE | | | |
|--|----------|------|------------------------|------|------------------------|--------------|-----------------|-----|-----|-----|
| | | | | | | APPLICANT(S) | | | | |
| CLAIMS | | | | | | | | | | |
| NO. | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | NO. | NO. | NO. | NO. |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | | | |
| 101-200 | 101 | 1 | | | | | 51 | | | |
| | 2 | | | | | | 52 | | | |
| | 3 | | | | | | 53 | | | |
| | 4 | | | | | | 54 | | | |
| | 5 | | | | | | 55 | | | |
| | 6 | | | | | | 56 | | | |
| | 7 | | | | | | 57 | | | |
| | 8 | | | | | | 58 | | | |
| | 9 | | | | | | 59 | | | |
| | 10 | | | | | | 60 | | | |
| | 11 | | | | | | 61 | | | |
| | 12 | | | | | | 62 | | | |
| | 13 | | | | | | 63 | | | |
| | 14 | | | | | | 64 | | | |
| | 15 | | | | | | 65 | | | |
| | 16 | | | | | | 66 | | | |
| | 17 | | | | | | 67 | | | |
| | 18 | | | | | | 68 | | | |
| | 19 | | | | | | 69 | | | |
| | 20 | | | | | | 70 | | | |
| | 21 | | | | | | 71 | | | |
| | 22 | | | | | | 72 | | | |
| | 23 | | | | | | 73 | | | |
| | 24 | | | | | | 74 | | | |
| | 25 | 1 | | | | | 75 | | | |
| | 26 | 1 | | | | | 76 | | | |
| | 27 | 1 | | | | | 77 | | | |
| | 28 | 2 | | | | | 78 | | | |
| | 29 | 1 | | | | | 79 | | | |
| | 30 | 3 | | | | | 80 | | | |
| | 31 | 3 | | | | | 81 | | | |
| | 32 | 1 | | | | | 82 | | | |
| | 33 | | | | | | 83 | | | |
| | 34 | | | | | | 84 | | | |
| | 35 | | | | | | 85 | | | |
| | 36 | | | | | | 86 | | | |
| | 37 | | | | | | 87 | | | |
| | 38 | | | | | | 88 | | | |
| | 39 | | | | | | 89 | | | |
| | 40 | | | | | | 90 | | | |
| | 41 | | | | | | 91 | | | |
| | 42 | | | | | | 92 | | | |
| | 43 | | | | | | 93 | | | |
| | 44 | | | | | | 94 | | | |
| | 45 | | | | | | 95 | | | |
| | 46 | | | | | | 96 | | | |
| | 47 | | | | | | 97 | | | |
| | 48 | | | | | | 98 | | | |
| | 49 | | | | | | 99 | | | |
| | 50 | | | | | | 100 | | | |
| TOTAL IND. | 4 | | | | | | TOTAL IND. | | | |
| TOTAL DEP. | 72 | ↔ | | ↔ | | ↔ | TOTAL DEP. | | | |
| TOTAL CLAIMS | 74 | | | | | | TOTAL CLAIMS | | | |

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

BEST AVAILABLE COPY

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
|--------------|----------|------|------------------------|------|------------------------|------|------|------|------|------|------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | | | | | |
| 101 | | | | | | | | | | | | |
| 102 | | | | | | | | | | | | |
| 103 | | | | | | | | | | | | |
| 104 | | | | | | | | | | | | |
| 105 | | | | | | | | | | | | |
| 106 | | | | | | | | | | | | |
| 107 | | | | | | | | | | | | |
| 108 | | | | | | | | | | | | |
| 109 | | | | | | | | | | | | |
| 1-10 | | | | | | | | | | | | |
| 111 | | | | | | | | | | | | |
| 112 | | | | | | | | | | | | |
| 113 | | | | | | | | | | | | |
| 114 | | | | | | | | | | | | |
| 115 | | | | | | | | | | | | |
| 116 | | | | | | | | | | | | |
| 117 | | | | | | | | | | | | |
| 118 | | | | | | | | | | | | |
| 119 | | | | | | | | | | | | |
| 120 | | | | | | | | | | | | |
| 121 | | | | | | | | | | | | |
| 122 | | | | | | | | | | | | |
| 123 | | | | | | | | | | | | |
| 124 | | | | | | | | | | | | |
| 125 | | | | | | | | | | | | |
| 126 | | | | | | | | | | | | |
| 127 | | | | | | | | | | | | |
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| 129 | | | | | | | | | | | | |
| 130 | | | | | | | | | | | | |
| 131 | | | | | | | | | | | | |
| 132 | | | | | | | | | | | | |
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| 141 | | | | | | | | | | | | |
| 142 | | | | | | | | | | | | |
| 143 | | | | | | | | | | | | |
| 144 | | | | | | | | | | | | |
| 145 | | | | | | | | | | | | |
| 146 | | | | | | | | | | | | |
| 147 | | | | | | | | | | | | |
| 148 | | | | | | | | | | | | |
| 149 | | | | | | | | | | | | |
| 150 | | | | | | | | | | | | |
| TOTAL IND. | 3 | | | | | | | | | | | |
| TOTAL DEP. | 13 | | | | | | | | | | | |
| TOTAL CLAIMS | 16 | | | | | | | | | | | |

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| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | SERIAL NO. | FILING DATE | | | | | |
|--|----------|------|------------------------|------|------------------------|--------------|-------------|-----------|-----------|-----------|-----------|-----------|
| | | | | | | APPLICANT(S) | | | | | | |
| CLAIMS | | | | | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | * IND. | * DEP. | * IND. | * DEP. | * IND. | * DEP. |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | | | | | |
| 1 | | | | | | | 51 | | | | | |
| 2 | | | | | | | 52 | | | | | |
| 3 | | | | | | | 53 | | | | | |
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| 35 | | | | | | | 85 | | | | | |
| 36 | | | | | | | 86 | | | | | |
| 37 | | | | | | | 87 | | | | | |
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| 47 | | | | | | | 97 | | | | | |
| 48 | | | | | | | 98 | | | | | |
| 49 | | | | | | | 99 | | | | | |
| 50 | | | | | | | 100 | | | | | |
| TOTAL IND. | | | | | | | | | | | | |
| TOTAL DEP. | | | | | | | | | | | | |
| TOTAL CLAIMS | | | | | | | | | | | | |

2018-83